S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21487

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 263

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hosp O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Oklahoma (b) County Ottowa 34

(c) City or town Picher O (If outside city or town limits, write "RURAL")

(d) Street No. 224 No. Connor (If rural, give location)

(e) If foreign born, how long in U. S. A.? — 2 years.

3. (a) PRINT FULL NAME Julia Mae Parkison ~~Benjamin Leroy Parkinson~~

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 18th 1942. (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Joplin, Mo. (City, town, or county) O (State or foreign country)

10. Usual occupation Infant.

11. Industry or business

FATHER 12. Name Leroy Parkinson

13. Birthplace Cardin, Okla (City, town, or county) O (State or foreign country)

MOTHER 14. Maiden name Reva Mae Hesser

15. Birthplace Picher, Okla (City, town, or county) O (State or foreign country)

16. (a) Informant Rova Mae Parkison

(b) Address Picher, Okla.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-25-42 (Month) (Day) (Year)

(c) Place: burial or cremation Baxter Springs, Kansas.

18. (a) Signature of funeral director [illegible]

(b) Address Picher, Okla.

19. (a) 6-27-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1942 hour 9c minute 15 a. M.

21. I hereby certify that I attended the deceased from 6-18-42, 19..., to 6-25-42, 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Congenital Absence Bile Ducts

Due to with Secondary

Gastro-Intestinal Hemorrhage

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 160c

Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter Howard (M. D. or other)

Address Joplin Mo. Date signed 6/27/42

(Licensed Embalmer's Statement on Reverse Side)

42-6-547

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 820

P. O. Address Durham, Okla.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.